U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to compty may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 11706

3. Name and address of person filing.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From

1 / 1 / 34 Through: 12 / 31 / 04

4. Name, file number, and address of labor organization.

Name TIMOTILY P HEATY	Name Local NoT, MCFO-SEIU Labor Organization File Number 011469
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any #1408
Street 134 N. Lasaile Smiser	Street 134 N. LASANE STREET
City Chicago	City Chicago
State TLLinois ZIP Code + 4 60602	State ILinois ZIP Code + 4 60602
5. Position in labor organization. PREDIDENT - TREASURE	₹
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests usions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	7.b Amount.
··· *· · · · · · · · · · · · · · · · ·	
City	
State ZIP Code + 4	
Sign	nature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true correct and complete. (See the se	ring documents), has been examined by the signatory and is, to the best of the
Signed (MW fly / H galy	On 8/12/05 312-372-7915 Date Telephone Number
Farm I M 20 (2002)	****
Form LM-30 (2003)	Page 1 of 2

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust ir which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ZNEROLING, PAUL, KAHN - WOLLY

Trade Name, if any:

P.O. Box. Bldg., Room No., if any

Street 1025 Connecticut AVE N.W.

aty Whashing Ton

State D.C.

ZIP Code +4 20036

9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Michael Wally is NCFO, Mensor Cansol And his FIRM provides LEGAL SERVICES To The Union.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

One Rumo er Half. 319/04

12.b. Amount.

14.a. Nature of payment.

\$124.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code ÷ 4

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

Name of Person Filing TIMOTHY P. HISHIY	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or otherwork an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or ireally to, or otherwise	
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name FRANK M. VACCARD & ASSOCIATION, FAC.	a Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any Sunt # 2.00	. c. Employer	
Street 27 Rolano Avienus	, v. 1.1.p.3) v.	
aty Mount Loures		
State N.J. ZIP Code + 4 (XOLY -1057		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name FRONK M. VACCOMON Associates >, Jac	DROVINES ACTUATION And Admir	il sommue
Trade Name, if any:	Consulmation.	; .
P.O. Box, Bldg., Room No., if any Suits FF 200	E HOLL	, zx
Street 2.7 Rohamo Alenus	11.b. Approximate dollar value of such dealing.	
City Mount housel	12.a. Nature of interest he'd or income received.	
State N. J. ZIP Code + 4 (780 54 1017)	Rembinsener For Hear	11
	Trustes	HAW Fund
		- te
	Bhookhas Misanng 3/12/04	
	12.b. Amount.	₩ 32-00
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money		7.11
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		; ;
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		•
Street		
City		
		·
State ZIP Code + 4		
13.b. Is the Business an Employer (or Consultant ?	14.b. Amount of payment.	· · · · · · · · · · · · · · · · · · ·

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

	<u> </u>
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name FRANK M VOCCAMO 4 ASSOCIATES, FIC.	a Labor Orangianian
Trade Name, if any:	a. Labor Organization b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street 27 Robano AVGINE	
City Mount Launel	
State N:1, ZIP Code + 4 U\$54-1057	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dea ing.
Name FRANK M. Vaccaes & Associates, Inc.	Provides Actuarial and Adminisonalus
Trade Name, if any:	Con sulmanion.
P.O. Box, Bldg., Room No., if any Suige \$2 200	
Street 27 Rolans Avenue	11.b. Approximate dollar value of such dealing.
City Murit Laurel	12.a. Nature of interest held or income received.
State N.J. ZIP Code + 4 08064-1057	REINLANDS: FOR HEALTH AMONGLETICE
	Fino hearings where I am a
	LOTH FUND TRISPET.
	12/6/04 Horshham Resimbersamon
	12.b. Amount. 4 (45.00

 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 		14.a. Nature of payment.	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.	

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

R	Name and	address n	f Business	(including	trade name.	if any)
ο.	ivalue allu	auultoo v		(IIIGGGTIG	LIQUE LIQUE,	(1 (21)) Y 1.

Name FROMK M. VACCORD & ASSOLIBIES, FAC.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Sint # 2.00

Street 27 Rolone AVENUE

City Mount Lowrell

State N.J.

ZIP Code + 4 080 64 -1057

9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Frank M. Viaccara Associates >, Inc

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite + 2.00

Street 27 Rollwood Avenue

City Mount Lyunel

State No. 1

ZIP Code + 4 080 \$4-10\$7

11.a. Nature of such dealing.

DROVIDES ACTUARIOL AND Administrative Consularation.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

REINDURDENGET FOR HERCH AND WELTIME TEND MEETING WHORE I AM A HAW FUND TRUSTES

ARRAGE REMEMBER 12/6/04

12.b. Amount.

14 a. Nature of payment.

\$147.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

Name of Person Filing TIMOTHY P. HURKLY	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is activally any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
Name and address of Business (including trade name If ary).	9. Business deals with:
Name FRANK M. VACCARO H ASSOCIATION. Trade Name, if any: P.O. Box, Bldg., Room No., if any Suttle FF 200 Street 27 Rolone Avenue City Mount LanceL	a. Labor Organization b. Trust c. Employer
State N.J. ZIP Code + 4 (204-1057	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Fronk M. Viscoro Associates, Troc. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street Z.T. Roboro Alence City Mount have State N.J. IZIP Code + 4 030 \$410 \$7	11.a. Nature of such dealing. Droy IDES ACTUALIST Anno Allminismmive Consultation. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. This works went for Heaves and Waltace Tonio Meeting where I am a Haw Tonio Thursday Tonio Meeting where I am a Haw Tonio Thursday To Meeting 1216 by 1850 Cod Fare From Meeting 12/7 by 1950 12.b. Amount.
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	14.a. Nature of payment.
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	
13.b. Is the Business an Employer cr Consultant ?	14.b. Amount of payment.

Name of Person Filing TIMOTHY P. HISALY	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or otherwork an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or individualing with your labor organization or with a trust ir which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name FRANK M. VACCORS & ASSOCIATES, FAC.	a. Labor Organizat on
P.O. Box, Bldg., Room No., if any Sint to 2.00	b. Trust
Street 27 Rolons Avenue	c, employer
City Mount Loures	
State N.J. ZIP Code + 4 080 64 -1057	
10. If 9.b. or 9.c. is checked give trust or employer's name	11.a. Nature of such dealing.
Name Fronk M. Vaccarou Associate: > , Inc	PROVIDES ACTUATION AND ADMINISTATUR
Trade Name, if any:	Consularation.
P.O. Box, Bldg., Room No., if any Suite to 200	
Street 27 Rohamo Avenue	44 h Annudmate dellar international dellar
City MOUNT LYNEL	Approximate dollar value of such dealing. Analysis and selection of such dealing. 12.a. Nature of interest held or income received.
State N. J. ZIP Cocle + 4 080 5440 57	REINDUNGENER! FOR HEALTH AND WHITHE
	Trustes where I am a Haw Find
	RENTAL CAR. 12/7/04
	12.b. Amount. \$7.3.40
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any: ([i
P.O. Box, Bidg., Room No., if any	
Street	
City	
State ZIP Code - 4	
13.b. Is the Business an Employer or Consultant ?	14.p. Amount of payment.

Name of Person Filing TIMETHY P. HEIGHT	File Number U-
B. Held an interest in or derived income or economic beneft with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business ively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Dennis Jankins, C.P.A. Trade Name, if any: P.O. Box, Bidg., Room No., if any Bidg 12co, #1250 Street 1301 Shiloh Road	a Labor Organization b Trust c. Employer
ay Kennisaw	
State AGORGÍA ZIP Coxle + 4 301 44	
10. If 9.b. or 9.c. is checked give trust or employer's name	11.a. Nature of such dealing.
Name	Provides Accounting services.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Coxle + 4	Holiday Ham 12/21/04
	12.b. Amount. \$55.42

13.a. Name and address of Employer or (including trade name, if any).	Labor Relations Consultant	14.a. Nature of payment.	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.	